

# Exhibit M

IN THE DISTRICT COURT OF PARK COUNTY, WYOMING  
FIFTH JUDICIAL DISTRICT  
CIVIL ACTION NO. 27038

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AARON L. HARRIS and GLENNDA P.  
HARRIS,

Plaintiffs,

vs.

JEFFREY HANSEN, M.D.; and POWELL  
VALLEY HEALTHCARE, INC.,

Defendants.

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DEPOSITION OF SCOTT WILSON

4:02 p.m., Thursday  
June 26, 2014

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PURSUANT TO NOTICE, the deposition of Scott Wilson was taken on behalf of the Plaintiffs in accordance with the applicable Wyoming Rules of Civil Procedure at Bonner Law Firm, 1102 Beck Avenue, Cody, Wyoming, before Anne Bowline, a Registered Merit Reporter and Notary Public of the State of Wyoming.

<p style="text-align: right;">60</p> <p>1 I'm -- I don't know. I guess I'm not understanding.</p> <p>2 Q. Sure. Let me see if I can break it down.</p> <p>3 Did you study CRPS when you were in school to become</p> <p>4 a PA?</p> <p>5 A. They called it RSD.</p> <p>6 Q. Reflex sympathetic dystrophy.</p> <p>7 A. It has changed definition. Yes, we learned</p> <p>8 about it in school.</p> <p>9 Q. Okay. And they listed what the diagnostic</p> <p>10 criteria of the signs and symptoms were; correct?</p> <p>11 A. Yes.</p> <p>12 Q. And probably in that textbook it had a</p> <p>13 sentence in there somewhere that said, "You need to</p> <p>14 rule out other possible causes before you make this</p> <p>15 diagnosis"; correct?</p> <p>16 MR. ORTIZ: Let me -- let me object on</p> <p>17 foundation.</p> <p>18 Go ahead if you remember what the textbook</p> <p>19 said.</p> <p>20 A. I -- I guess I'll just have to say yes.</p> <p>21 I'm not sure how else to answer.</p> <p>22 Q. (BY MR. KRAUSE) So now I need to ask you a</p> <p>23 couple other questions. Let me start with, do you</p> <p>24 know what Dr. Hansen's infection rate was when you</p> <p>25 were working for him?</p>	<p style="text-align: right;">62</p> <p>1 vice --</p> <p>2 Q. Mike Gilmore?</p> <p>3 A. Thank you. Mike Gilmore. Those are the</p> <p>4 only two people I can remember having specific</p> <p>5 conversations with. But there were conversations</p> <p>6 amongst other midlevels or other mid -- nursing,</p> <p>7 et cetera, people about the issues.</p> <p>8 Q. Okay. What concerns of Dr. Hansen did you</p> <p>9 share to Rod Barton?</p> <p>10 A. Choice of patients for surgical procedures.</p> <p>11 Q. Just a second. You said choice of patients</p> <p>12 for --</p> <p>13 A. Procedures. It seemed that we repeatedly</p> <p>14 took on patients with a high chance of poor</p> <p>15 outcomes. That is from a physician assistant's</p> <p>16 perspective. I'm not an orthopedic-trained</p> <p>17 physician, so that would be my opinion. But it was</p> <p>18 of such great occurrence that Dr. Hansen and I had</p> <p>19 several conversations about what we should do and</p> <p>20 what we shouldn't do. I also relayed my concerns</p> <p>21 about total hip arthroplasty.</p> <p>22 Q. What was your concern about the total hip</p> <p>23 arthroplasty?</p> <p>24 A. A disproportionate percentage of abnormal</p> <p>25 alignments. When I raised this concern with Mike</p>
<p style="text-align: right;">61</p> <p>1 A. I did not see a specific number for his</p> <p>2 cases. I couldn't say a specific number or</p> <p>3 percentage or number.</p> <p>4 Q. Did it seem high in comparison to what you</p> <p>5 saw in -- for the orthopedic surgeons you worked for</p> <p>6 in Oklahoma?</p> <p>7 A. Yes.</p> <p>8 Q. Did that concern you at all?</p> <p>9 A. Of course.</p> <p>10 Q. Did you ever report it or do any</p> <p>11 investigation to try to determine what was causing</p> <p>12 the high infection rate?</p> <p>13 A. Can we cut to the chase?</p> <p>14 Q. Sure.</p> <p>15 A. Okay. I presented many concerns about the</p> <p>16 situation to certain individuals, and I'll give you</p> <p>17 their names.</p> <p>18 Q. You will or will not?</p> <p>19 A. I will give you their names.</p> <p>20 Q. Okay.</p> <p>21 A. So the first one would be Rod Barton, who</p> <p>22 was the CEO at the time of -- well, for the</p> <p>23 predominance of my tenure. There was an interim, I</p> <p>24 believe, at the end of my tenure. I also gave this</p> <p>25 information of my concerns to -- jeez. He's a</p>	<p style="text-align: right;">63</p> <p>1 Gilmore, it was towards the end of my tenure, and</p> <p>2 Mike told me, "I guess we'll see."</p> <p>3 Because I'd asked him, "We need to do</p> <p>4 something. We need to try to intervene. We need to</p> <p>5 try to help the situation, because I am seeing</p> <p>6 several issues that are of great concern to me."</p> <p>7 That became a wedge between Dr. Hansen and myself,</p> <p>8 and I was essentially excused from practicing there</p> <p>9 because of my concerns that I continually and</p> <p>10 repeatedly raised.</p> <p>11 There was some discussion of whether or not</p> <p>12 I was appropriate with staff or whether I was</p> <p>13 appropriate with patients. I did sign a piece of</p> <p>14 paper that said that I was -- I struggled with the</p> <p>15 staff. That was essentially a disagreement in the</p> <p>16 way that the staff was managed versus the way that I</p> <p>17 thought they should be managed.</p> <p>18 I had no complaints of patients. I didn't</p> <p>19 sign anything that said I had issues with patients.</p> <p>20 They contacted me about two months ago and offered</p> <p>21 me a job back to work there again.</p> <p>22 Q. Okay.</p> <p>23 A. What else would you like to know?</p> <p>24 Q. What other concerns you had with Dr.</p> <p>25 Hansen. Tell me -- the first one was choice of</p>

<p style="text-align: right;">64</p> <p>1 patients.</p> <p>2 A. That's probably the biggest one, and Aaron</p> <p>3 Harris is a perfect example of this.</p> <p>4 Q. Based on your training as a PA -- and I</p> <p>5 know you're not an orthopedic surgeon.</p> <p>6 A. Thank you. Yes.</p> <p>7 Q. You can't express an opinion on the</p> <p>8 standard of care for an orthopedic surgeon. I'm</p> <p>9 just asking you as a PA.</p> <p>10 A. Yes, sir.</p> <p>11 Q. Do you think Aaron Harris was an</p> <p>12 appropriate patient for this type of surgery?</p> <p>13 A. No.</p> <p>14 Q. Why not?</p> <p>15 A. As it was stated by Dr. Evans when he saw</p> <p>16 him in follow-up once the referral, I guess, was</p> <p>17 made by Dr. Hansen to Dr. Evans, he's a vasculopath.</p> <p>18 He -- his comments were Dr. Chandler's notes from</p> <p>19 12/7 of 2009, uncontrolled diabetic. He chose to</p> <p>20 continue to smoke. He had all of the risk factors</p> <p>21 for ischemic vascular disease and for CRPS.</p> <p>22 These were the type of situations that were</p> <p>23 of my -- that were of greatest concern during my</p> <p>24 tenure underneath Dr. Hansen as my supervising</p> <p>25 orthopedic physician.</p>	<p style="text-align: right;">66</p> <p>1 before February 2010; you just can't put a time</p> <p>2 frame on it? Correct?</p> <p>3 A. That is correct.</p> <p>4 Q. Help me. You started working at Powell</p> <p>5 when?</p> <p>6 A. September of 2006.</p> <p>7 Q. And you left --</p> <p>8 A. November of 2010.</p> <p>9 Q. Did you start having these conversations</p> <p>10 with Dr. Hansen about your concerns close to the</p> <p>11 beginning of your employment or the end?</p> <p>12 A. It would be close to the beginning.</p> <p>13 Q. Was it possibly sometime in 2007?</p> <p>14 A. I can't say that, but it would have been</p> <p>15 sometime towards the -- I feel more accurate to say</p> <p>16 it was closer to the beginning than the end.</p> <p>17 Essentially I quit saying anything towards the end.</p> <p>18 Q. Any other concerns that you had with Dr.</p> <p>19 Hansen?</p> <p>20 A. Pertaining to the Aaron Harris case or --</p> <p>21 Q. In general.</p> <p>22 A. (No response.)</p> <p>23 Q. You told me about his choice of patients,</p> <p>24 the alignment for his total hip arthroplasties, and</p> <p>25 then you said with the back surgeries.</p>
<p style="text-align: right;">65</p> <p>1 Q. Do you remember having -- expressing those</p> <p>2 concerns to Dr. Hansen specifically about Aaron</p> <p>3 Harris before the surgery?</p> <p>4 A. No.</p> <p>5 Q. Did you express your concerns about his</p> <p>6 choice of patients for procedures before February of</p> <p>7 2010? In other words, did you have a discussion</p> <p>8 with Dr. Hansen before February 2010 that you had</p> <p>9 concerns about his choice of patients?</p> <p>10 A. I do not recall a specific date, but yes.</p> <p>11 A specific example would be he chose to do back</p> <p>12 surgeries when I first worked for him, and I told</p> <p>13 him, "I will not scrub cases that you choose to do</p> <p>14 back surgeries on."</p> <p>15 Q. Why was that?</p> <p>16 A. I did not feel in my best interest that it</p> <p>17 was safe for the patient or appropriate for us to be</p> <p>18 doing those in the facility, because we did not have</p> <p>19 the support staff for if something was to go wrong,</p> <p>20 and he was an orthopedic hand specialist. Again,</p> <p>21 that is from the reference point of the physician</p> <p>22 assistant but using the experiential exposure to</p> <p>23 other orthopedists who are very tight in what they</p> <p>24 chose to perform.</p> <p>25 Q. You had those conversations with Dr. Hansen</p>	<p style="text-align: right;">67</p> <p>1 A. Once you've had a conversation with someone</p> <p>2 on three separate occasions about consumption of</p> <p>3 inappropriate substances, whether or not that person</p> <p>4 has been sent to a substance abuse program or not,</p> <p>5 your concerns for continued use of substances are</p> <p>6 always there.</p> <p>7 After he returned from the treatment</p> <p>8 center, I did not have any exposure or any time</p> <p>9 frame that specifically made me concerned. But in</p> <p>10 the back of your mind, it does play part of your</p> <p>11 role. I mean, you ask somebody, "Are you inebriated</p> <p>12 currently," and they say no, and indeed it comes out</p> <p>13 they were later and I finish a case for the</p> <p>14 individual because there's nobody else to finish the</p> <p>15 case, then you're once bitten, twice shy to say the</p> <p>16 least.</p> <p>17 Q. So I got to ask you about this. Did you</p> <p>18 ever see Dr. Hansen that you believed he was</p> <p>19 impaired?</p> <p>20 A. On three separate occasions.</p> <p>21 Q. So I've got to ask you about those.</p> <p>22 A. That's fine.</p> <p>23 Q. Okay.</p> <p>24 A. I'm good.</p> <p>25 Q. And please -- I'm not -- I hope you don't</p>

<p style="text-align: right;">68</p> <p>1 feel like I'm criticizing you in any way or 2 attacking you, because that's not my intent. Do you 3 understand that? 4 A. Off the record. 5 MR. ORTIZ: There's no such thing. 6 Answer his questions. Listen to the question he 7 asks. Answer the question as best you can. There's 8 no such thing as "off the record" when you're the 9 deponent. 10 THE DEPONENT: Okay. All right. Fair 11 enough. I didn't know that. 12 Q. (BY MR. KRAUSE) There is, but your lawyer 13 doesn't want you to say -- 14 MR. ORTIZ: Well, there's not, because 15 he could easily say, "Off the record you told me 16 this, Mr. Wilson, so let's talk about that." You 17 don't get the confidentiality order from Bob Krause. 18 THE DEPONENT: Okay. On the record. 19 Q. (BY MR. KRAUSE) Okay. Go ahead. 20 A. I've lived through this shit for quite a 21 bit, and I'm good. So there's no questions that are 22 off limits. 23 Q. Okay. Good enough. I just want you to -- 24 A. And I do not feel like you're attacking me 25 or making me feel uncomfortable in any way.</p>	<p style="text-align: right;">70</p> <p>1 anything -- 2 A. I didn't at the time, not with the first. 3 Q. Good enough. Second time? 4 A. We were on an ER call. There was a distal 5 radius fracture, straightforward, simple slam dunk 6 case. And I came in, took the call, set it up, got 7 the -- got everybody organized. It was early in the 8 evening, 8:00ish or 9:00ish or so. And he came in 9 and was verbally inappropriate with the staff, 10 sexual connotations, way out of character for him. 11 Very reserved, very straight laced 90 percent of the 12 time. So it caught my attention. 13 We essentially -- I could tell something 14 was amiss, and I confronted him about it. And he 15 said he took an antihistamine. I called his wife, 16 and she said, "Yeah, he took some cough medicine." 17 And we ended up canceling the case, and we did it 18 the next day. 19 Q. Did it appear to you that he was more 20 impaired than just from taking some cough medicine 21 or some type of antihistamine? 22 A. Can you give me a second? 23 Q. Sure. 24 A. Just a second. I'll be right back. 25 (At 5:46 p.m., a break was taken</p>
<p style="text-align: right;">69</p> <p>1 Q. Good. So we were talking about the three 2 times that you said you believe you saw Dr. Hansen 3 impaired. 4 A. I believe the first time I was contacted by 5 Andy Baker. I do not recall the date or the year. 6 I came back -- I was actually in Cody. I came back 7 to the hospital, and they had him in the clean 8 utilities room. He was sitting there. Glossy-eyed 9 and strange behavior. He had just finished a case, 10 I believe. 11 And Andy and I both, as friends who went 12 fishing with him and went on trips with him and 13 spent a lot time with him, asked him. We said, 14 "We're here to help." And he denied consuming 15 anything, other than I think he said he took some 16 antihistamines or something. 17 The second time -- 18 Q. I'll just stop you and -- 19 A. Yes. 20 Q. Based on your observations when you got 21 back to Powell, did you -- did Dr. Hansen appear 22 impaired to you? 23 A. Yes. 24 Q. Did you make any opinion as to what was 25 causing his impairment, if it was alcohol, drugs, or</p>	<p style="text-align: right;">71</p> <p>1 until 5:48 p.m.) 2 A. It did appear that he was impaired that 3 evening. I cannot say that I assumed it was any 4 substance over another. 5 Q. (BY MR. KRAUSE) Was it more impairment 6 than what you would expect in someone taking cough 7 medicine or an antihistamine? 8 A. Yes. 9 Q. Did you ever learn what was causing that 10 impairment? 11 A. The third time that it occurred -- the same 12 behavior of sexual comments, inappropriateness, 13 distractedness during the procedure -- we were doing 14 a carpal tunnel -- excuse me -- a median nerve 15 debridement. The patient had already had carpal 16 tunnel releases and had persistent pain. 17 We were in the middle of the case and it 18 seemed surreal, but the attending surgeon is 19 becoming more and more distracted, more and more 20 clumsy with utensils. And I went on high alert, and 21 just about the moment that I was having -- I had no 22 training to know how to handle the situation. He 23 had picked up the median nerve and was removing 24 tissue from the median nerve, and he placed the 25 scissors directly over the median nerve.</p>

<p style="text-align: right;">72</p> <p>1 I quickly removed the utensils from his</p> <p>2 hand, asked him to leave, and I told him, "I got</p> <p>3 it." He got up, stumbled out, and I finished the</p> <p>4 last two pieces of tissue that I saw that needed to</p> <p>5 be removed, because I've seen it a million times,</p> <p>6 washed the patient up. I closed him up. I wrapped</p> <p>7 him up. I took care of the postoperative orders. I</p> <p>8 called the family, and I came home, called the CEO</p> <p>9 of the hospital, and told him, "It's alcohol."</p> <p>10 Q. How did you determine it was alcohol?</p> <p>11 A. Gut instinct at that point. And I think it</p> <p>12 was just because of the stupor of the behavior. It</p> <p>13 was lethargic. It was clumsy. It wasn't hyper or</p> <p>14 juiced like you would expect to see if someone was</p> <p>15 on many of the other drugs. Of course, there are</p> <p>16 other drugs that can make the same lethargic</p> <p>17 behavior.</p> <p>18 And I had been working with him all day</p> <p>19 long and we were fine. I set the case up at 11ish,</p> <p>20 and then as we continued through the process, found</p> <p>21 out that he actually had started drinking early in</p> <p>22 the morning and continued drinking throughout the</p> <p>23 day. Once we finally -- Rod got involved, everybody</p> <p>24 gets involved, everything's going, then he finally</p> <p>25 confesses that, "Yes, I've been having trouble with</p>	<p style="text-align: right;">74</p> <p>1 Dr. Hansen went to rehab in 2008?</p> <p>2 A. Yes.</p> <p>3 Q. Did you report all three incidents to</p> <p>4 either Rod Barton and/or Mike Gilmore?</p> <p>5 A. I don't know if I did, but I believe that</p> <p>6 one of us did, each of the three.</p> <p>7 Q. When you had that phone call with Dr.</p> <p>8 Hansen and you said it got heated when you</p> <p>9 confronted him, did he say how long he had been</p> <p>10 abusing alcohol?</p> <p>11 A. I don't recall if he did or he didn't.</p> <p>12 Q. Did you ever form an impression how long it</p> <p>13 had been going on?</p> <p>14 A. Looking back, I can -- I'm assuming it was</p> <p>15 somewhere around the first of 2008, but that's a gut</p> <p>16 feeling. I don't have any specific reason to think</p> <p>17 that it is other than knowing that it started around</p> <p>18 that time frame. The first incident was around that</p> <p>19 time frame, so I guess I'd have to go off the fact</p> <p>20 that it was the first incident. Maybe that's a</p> <p>21 straighter answer.</p> <p>22 Q. I'm going on memory, but I think he went</p> <p>23 away for about three months to rehab in</p> <p>24 Mississippi -- no. That was the first time.</p> <p>25 MR. ORTIZ: Ten weeks, Lawrence,</p>
<p style="text-align: right;">73</p> <p>1 drinking."</p> <p>2 I know him personally. I knew him before I</p> <p>3 went to work with him, and this process has plagued</p> <p>4 him, unfortunately, for some time. He had attended</p> <p>5 previous substance abuse programs. I think this</p> <p>6 last one really did the job for him, and as a human,</p> <p>7 I'm really proud of him for what he's accomplished.</p> <p>8 So that is about all I got on that.</p> <p>9 Q. How did you know him before you started</p> <p>10 working with him?</p> <p>11 A. He came down and worked for Dr. Biles when</p> <p>12 I worked with Dr. Biles, and we would send cases and</p> <p>13 scrub cases back and forth with him.</p> <p>14 Q. Did Dr. Hansen ever admit to you that he</p> <p>15 was abusing alcohol?</p> <p>16 A. I confronted him on the phone, a very</p> <p>17 heated discussion. And basically his remark was,</p> <p>18 "Oh, I've got troubles."</p> <p>19 Because I asked him, "How can we have a</p> <p>20 working relationship when I ask you specifically and</p> <p>21 you do not tell me the truth?"</p> <p>22 And his response was, "Well, I have a</p> <p>23 disease." That's when I confronted him about it,</p> <p>24 and he did -- he did admit to it.</p> <p>25 Q. Did these three incidents occur before</p>	<p style="text-align: right;">75</p> <p>1 Kansas.</p> <p>2 MR. KRAUSE: There we go. Thank you.</p> <p>3 A. Yes, it was Kansas. I knew it was about</p> <p>4 ten weeks, because I was trying to figure out all</p> <p>5 the time, is someone going to come cover me? When's</p> <p>6 someone going to come and help? Yeah, it was a long</p> <p>7 ten weeks.</p> <p>8 Q. (BY MR. KRAUSE) When he got back from that</p> <p>9 rehab in 2008, did you ever have any concerns about</p> <p>10 him and impairment? I'll ask you that first.</p> <p>11 A. No.</p> <p>12 Q. After he got back did you have concerns</p> <p>13 about his choice of patients for procedures?</p> <p>14 A. Yes.</p> <p>15 Q. Did that continue the entire time you were</p> <p>16 working there?</p> <p>17 A. Yes.</p> <p>18 Q. Did you know that Dr. Hansen received a</p> <p>19 bonus based on his billings?</p> <p>20 A. Yes.</p> <p>21 Q. Did you ever have a concern that he was</p> <p>22 doing high-risk procedures just to generate more</p> <p>23 revenue so he could get a higher bonus?</p> <p>24 A. That thought never occurred to me.</p> <p>25 Q. Looking back now, do you think that was one</p>

<p style="text-align: right;">76</p> <p>1 reason he was doing high-risk procedures?</p> <p>2 MR. ORTIZ: Let me object. It calls</p> <p>3 for speculation.</p> <p>4 Go ahead.</p> <p>5 A. No. He doesn't have that type of</p> <p>6 character.</p> <p>7 Q. (BY MR. KRAUSE) Do you know how many</p> <p>8 procedures Dr. Hansen was doing a year?</p> <p>9 A. A ton. I don't know the number, but it was</p> <p>10 a ton.</p> <p>11 Q. 6, 700 sound about right?</p> <p>12 A. I never paid attention to what is normal or</p> <p>13 abnormal for orthopedics; I just go to work. I</p> <p>14 wouldn't know if that's high or low or medium.</p> <p>15 Q. Did it seem higher than the doctors you had</p> <p>16 worked with in the past?</p> <p>17 A. No, I don't think so.</p> <p>18 If I could, you'd asked me a question</p> <p>19 about, do you think he was working -- or doing more</p> <p>20 cases to generate revenue?</p> <p>21 Q. Yes.</p> <p>22 A. And I said it's not in his character. And</p> <p>23 if I could, to clarify the statement of doing the</p> <p>24 tough cases, he has a big, gigantic heart. He has</p> <p>25 difficulty saying no, and he would take on the cases</p>	<p style="text-align: right;">78</p> <p>1 and answered, hasn't it, Bob?</p> <p>2 MR. KRAUSE: We got sidetracked. I</p> <p>3 think he said he had concerns about a lot of things</p> <p>4 that Dr. Hansen did, and we never got an answer to</p> <p>5 the infection specifically, that I remember.</p> <p>6 MR. ORTIZ: Yeah. He told you he</p> <p>7 thought it was, and you asked him if he told</p> <p>8 anybody, and he said yeah.</p> <p>9 THE DEPONENT: I don't recall saying</p> <p>10 that.</p> <p>11 MR. ORTIZ: Oh, okay. That's what I</p> <p>12 thought he said.</p> <p>13 MR. KRAUSE: Overruled.</p> <p>14 THE DEPONENT: Could we have --</p> <p>15 MR. ORTIZ: Just ask the question.</p> <p>16 I'm sorry. I thought he'd already answered it.</p> <p>17 Just go ahead and ask him the question, Bob.</p> <p>18 MR. KRAUSE: Sure.</p> <p>19 Q. (BY MR. KRAUSE) Did you ever report your</p> <p>20 concerns about Dr. Hansen's infection rate to</p> <p>21 anyone?</p> <p>22 A. No.</p> <p>23 Q. Did you believe based on working with Dr.</p> <p>24 Hansen that he had a high rate of re-ops?</p> <p>25 A. Yes.</p>
<p style="text-align: right;">77</p> <p>1 that had legitimate complaints.</p> <p>2 There was a real problem. Mr. Harris, he</p> <p>3 has a real problem. He had foot pain. So these</p> <p>4 cases were not -- we were not generating nor did I</p> <p>5 ever feel that he was generating surgical cases just</p> <p>6 to do surgical cases. I never saw him order and/or</p> <p>7 perform a surgery that was not appropriate for the</p> <p>8 said diagnosis.</p> <p>9 To be very specific, it was the type of</p> <p>10 patient that had the problem is my concern. If</p> <p>11 somebody is a vasculopath and we're concerned and we</p> <p>12 send them to have oxygen studies to see if it's a</p> <p>13 viable limb, then it's a pretty high-risk patient to</p> <p>14 do any extremity procedure on. That is what I mean</p> <p>15 specifically.</p> <p>16 Q. Okay. When you have a high-risk patient</p> <p>17 for vascular problems and you know that</p> <p>18 preoperatively, you need to be very vigilant in</p> <p>19 making sure they don't develop vascular problems</p> <p>20 postoperative, don't you?</p> <p>21 A. Correct.</p> <p>22 Q. So let me get back when we got sidetracked.</p> <p>23 Did you have concerns about Dr. Hansen's infection</p> <p>24 rate?</p> <p>25 MR. ORTIZ: I think it's been asked</p>	<p style="text-align: right;">79</p> <p>1 Q. Did you ever attribute that to anything?</p> <p>2 A. That's a very complex question. Whew. I</p> <p>3 think I would have to fall back to saying the choice</p> <p>4 of patients. You're going to have need for more</p> <p>5 debridements. People were sending us stuff that</p> <p>6 they had already surgerized once or twice, and he</p> <p>7 took on the complicated cases and chose to do them,</p> <p>8 some of them appropriate.</p> <p>9 Not every case was inappropriate. I don't</p> <p>10 want somebody to think that. We just took on a lot</p> <p>11 of complex things. When you have already been in</p> <p>12 this body once and you've made an incision, each</p> <p>13 time you make a successive incision, blood flow,</p> <p>14 et cetera, et cetera, will be at risk.</p> <p>15 As far as the surgical technique once we</p> <p>16 were in the body, I don't believe it was his</p> <p>17 surgical technique or his surgical -- in-time</p> <p>18 surgical decision-making. I would say that it was</p> <p>19 the quality of or concomitant diseases of the</p> <p>20 patient profile that we had.</p> <p>21 Q. Other than what you've told me, did you</p> <p>22 ever have any concern with Dr. Hansen's surgical</p> <p>23 technique?</p> <p>24 A. The hip arthroplasty.</p> <p>25 Q. Other than what you've already told me.</p>

<p style="text-align: right;">80</p> <p>1 A. I'm sorry. I was referencing my --</p> <p>2 Q. Yeah.</p> <p>3 A. I can't think of anything else.</p> <p>4 Q. So you attributed the high rate of</p> <p>5 re-ops -- that's when you have to do a second</p> <p>6 procedure on the patient; correct?</p> <p>7 A. That is correct.</p> <p>8 Q. -- more to his choice of patient as opposed</p> <p>9 to surgical technique?</p> <p>10 A. Yes. And I know I've stated it before, but</p> <p>11 again, this is from a general trained physician</p> <p>12 assistant who has orthopedic experience. I would</p> <p>13 not consider myself an expert witness on any of the</p> <p>14 cases that he performed. That would --</p> <p>15 Q. Okay. Understood.</p> <p>16 A. Okay.</p> <p>17 Q. When you reported your concerns to Rod</p> <p>18 Barton, did he ever say anything to you?</p> <p>19 A. I don't recall a specific conversation with</p> <p>20 Rod other than he's always got this sense of "We'll</p> <p>21 see" or "We're working on it" or something like</p> <p>22 that. I never got a definitive "Here's a plan of</p> <p>23 action" from Rod.</p> <p>24 Q. How about when you spoke to Mike Gilmore?</p> <p>25 A. He basically brushed me off and told me,</p>	<p style="text-align: right;">82</p> <p>1 just recently?</p> <p>2 A. I didn't know that, no.</p> <p>3 Q. You didn't see that in the paper?</p> <p>4 A. No.</p> <p>5 Q. Okay. He's resigned.</p> <p>6 A. Okay.</p> <p>7 Q. Did you see any of the articles in the</p> <p>8 paper that he had -- was suspended in 2013?</p> <p>9 A. I saw the comment about how much money</p> <p>10 they're losing and the fact that he's no longer</p> <p>11 there. I mean, that's all that I saw. It was about</p> <p>12 a week or so ago. That's all I remember seeing.</p> <p>13 Q. You don't have any knowledge as to why his</p> <p>14 privileges were suspended at Powell hospital, do</p> <p>15 you, in 2013?</p> <p>16 A. I consider that each of them would be</p> <p>17 scuttlebutt. Is that the term? Hearsay from other</p> <p>18 observers.</p> <p>19 Q. That's fine. What did you hear?</p> <p>20 A. Because of why we're here today: numerous</p> <p>21 complications.</p> <p>22 Q. Did you ever hear anything that it was</p> <p>23 related to impairment?</p> <p>24 A. No, I didn't.</p> <p>25 Q. Did you ever have any other conversations</p>
<p style="text-align: right;">81</p> <p>1 "We'll see. We'll see if you're right or not."</p> <p>2 And I said -- and I said, and I quote, "You</p> <p>3 will see a definite change in the number of issues</p> <p>4 that arise when I leave."</p> <p>5 It would -- and his response was, "We'll</p> <p>6 see."</p> <p>7 And my response was, "What if this was one</p> <p>8 of your family members, Rod? We need to do</p> <p>9 something." Excuse me. Mike. "We need to do</p> <p>10 something. He needs help. We need to find some</p> <p>11 type of a plan of action."</p> <p>12 Q. Did this conversation occur in 2008?</p> <p>13 A. That occurred in 2010, somewhere probably</p> <p>14 around September. It was a declining relationship</p> <p>15 from August, September, October, into November, when</p> <p>16 eventually I begged him if I could just let my four</p> <p>17 weeks go and please just let me leave. And he</p> <p>18 agreed.</p> <p>19 Q. So you have subsequently learned that Dr.</p> <p>20 Hansen did have his privileges suspended; correct?</p> <p>21 A. Privileges to perform surgery at West</p> <p>22 Park -- I mean Powell hospital?</p> <p>23 Q. Yes.</p> <p>24 A. I do know that, yes.</p> <p>25 Q. And you learned that he eventually resigned</p>	<p style="text-align: right;">83</p> <p>1 with anyone else about your concerns about Dr.</p> <p>2 Hansen?</p> <p>3 A. Andy Baker, Chris Hoellwarth -- I had them.</p> <p>4 They were rolling off my tongue, the CRNAs. Those</p> <p>5 are the only ones that I know specifically as far as</p> <p>6 other providers. I can't say that there was anyone</p> <p>7 else involved in the conversation.</p> <p>8 Q. Before I forget, I don't think -- the notes</p> <p>9 that you made based on your chart review before the</p> <p>10 deposition we marked as Exhibit 14; correct?</p> <p>11 A. That is correct.</p> <p>12 Q. Okay. I just don't think I identified it</p> <p>13 and I just wanted to.</p> <p>14 What conversations did you have with Chris</p> <p>15 Hoellwarth?</p> <p>16 A. General recollection would have been around</p> <p>17 the impairment time, 2008.</p> <p>18 Q. Did Chris share with you any concerns that</p> <p>19 he had with Dr. Hansen? Did he say, you know, "I</p> <p>20 saw him impaired too," or anything like that?</p> <p>21 A. I can't say that specifically. I just</p> <p>22 remember general conversation of concern, but I</p> <p>23 don't remember him saying specifically he saw or</p> <p>24 didn't see anything.</p> <p>25 Q. How about your conversations with Andy</p>